



Columbus Civil Service Commission
50 West Gay Street, Room 600
Columbus, Ohio 43215

Request To Cancel a Temporary Withdrawal

In order to request reinstatement to the selection process, you must complete this form and submit it to the Civil Service Commission.

Be sure to complete all the information requested below. Please print clearly.

Social Security Number: _____

Name: _____
(Last) (First) (Middle)

Address: _____

Home Phone: () _____ Work Phone: () _____

Applicant for the position of: _____

Grade band or rank on eligible list: _____

Date temporary withdrawal approved: _____

☐ I am presently on the eligible list for the classification indicated above and I was previously granted a temporary withdrawal from the selection process. I am now requesting that my name be reinstated for consideration during the selection process.

- I understand that I may not be reinstated if the eligible list, from which I temporarily withdrew, has expired or has been replaced.
- I also understand that I will be scheduled for the next phase of the selection process.

Print Name

Signature

Date

FOR CIVIL SERVICE COMMISSION USE ONLY

Date Police or Fire Division Notified: _____ Date Initials: _____